

REPORTING CHANGE

NOTIFICATION DATE: September 30, 2009

EFFECTIVE DATE: November 2, 2009

LEAD, URINE #8600

EXPLANATION: Effective November 2, 2009, a reporting units change will take place on test #8600. 24 hour specimens are the preferred specimen collection. Random collections will be reported as mcg/L.

There will be no changes to the reference values, fee or CPT coding.

CURRENT REPORTING UNITS: ug/spec

NEW REPORTING UNITS: mcg/spec

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Jim Nielsen, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710



TEST DEFINITION

9/30/2009

MML NAME/ORDER CODE CROSS-REFERENCE
 CODE NAME

 8600 LEAD, U

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
8600	8/5/2009		LEAD, U			SDL
			TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT NO			
			31085 LEAD, U			
			POSSIBLE RESULT VALUES INCLUDE : <5			
			UNITS: MCG/SPEC			
			NO SEX			
			No AGE :		; <80 (>=16 Y)	
			1D TO 15Y :		; <80 (>=16 Y)	
			16Y TO 150Y : 0-79		; <80	
			MALE			
			No AGE :		; <80 (>=16 Y)	
			1D TO 15Y :		; <80 (>=16 Y)	
			16Y TO 150Y : 0-79		; <80	
			FEMALE			
			No AGE :		; <80 (>=16 Y)	
			1D TO 15Y :		; <80 (>=16 Y)	
			16Y TO 150Y : 0-79		; <80	

			31083 COLLECTION DURATION			
			POSSIBLE RESULT VALUES INCLUDE : 24,RANDOM,RANDOM			
			UNITS: H			

			31084 URINE VOLUME			
			UNITS: ML			

			866 PB CONC			
			UNITS: MCG/L			
			TEST CODE ALWAYS MESSAGE - [Z24HN]			
			Z24HN SPECIMENS COLLECTED FOR OTHER THAN A 24-HOUR			
			TIME PERIOD ARE REPORTED IN UNITS OF MCG/L,			
			FOR WHICH REFERENCE VALUES ARE NOT ESTABLISHED.			

MML MML TEST SETUP INFORMATION

*PERFORMING SITE LEGEND

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SDL	MAYO CLINIC DPT OF LAB MED & PATHOLOGY	LAB DIRECTOR:	FRANKLIN R. COCKERILL, III, M.D.
	SUPERIOR DR.		
	3050 SUPERIOR DR. NW		
	ROCHESTER, MN 55901		

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MML MESSAGES USED AS NORMALS

CODE TEXT

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***

1-800-533-1710

PATIENT NAME TESTING, DIANNA		PATIENT NUMBER		AGE 59	SEX F	ACCESSION # G9134243
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 08/31/09 01:27 P DATE TIME	RECEIVED 08/31/09 01:27 P DATE TIME	REPORT PRINTED 09/30/09 01:29 P DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH:		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
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Lead, U

Lead, U	H	80	mcg/spec	<80	SDL
Collection Duration		24	h		SDL
Urine Volume		1000	mL		SDL
Pb Conc		80	mcg/L		SDL

Specimens collected for other than a 24-hour time period are reported in units of mcg/L, for which reference values are not established.

* PERFORMING SITE

SDL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, DIANNA	ORDER STATUS Final	COLLECTION DATE AND TIME 08/31/09 01:27 P
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